



Children's House of Durango
Montessori Education

1689 West Third Avenue Durango, CO 81301
970-259-1089 (telephone & fax number)

CHILD'S MEDICAL STATEMENT

(To be completed by a licensed health care practitioner)

Child's name: _____ Sex: _____

Child's age: _____ Child's birth date: _____

Mother's name: _____ Father's name: _____

Address: _____ Phone number: _____

Surgery: _____

Accidents: _____

Illnesses: _____

Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention:

Allergies: _____

Vision exam results: _____

Hearing exam results: _____

Physical findings: _____

Comments and recommendations to child care personnel: _____

***Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.**

Date: _____ Provider's Signature: _____

Provider's Phone: _____